

Other than Alcohol

The Drug Addiction and AA module is, as are all subjects in this syllabary, a presentation of a single position on the meaning and application of the Traditions. As such subjective material requires, the reader may accept or reject such portions as he or she feels is appropriate for their intended use.

Problems other than alcohol include a host of substances and behaviors. Please check the directory of 12-Step group contacts at the end of this article.

The “Primary Purpose” of AA, according to the wording of Tradition Five, is to:

“– to carry its message to the alcoholic who still suffers.”

In some areas, this has become an issue as to who should be allowed in, or allowed to speak, in closed meetings.

A Very Short History of Drugs in the United States

For most of US History, alcohol has been legal. In some communities, and briefly on the national level, it was made illegal, but that never resulted in a lack of alcohol.

From the beginnings of the drug trade in the 19th Century, drugs were not regulated, forbidden, or illegal. They were looked down upon, like alcohol, and identified their own class of addicts as alcohol attracted its alcoholics.

It was the use and abuse of alcohol and drugs that identified the problem they created.

While legal, alcohol and drugs both were highly profitable industries that defended themselves from legislation. When activist groups drove criminal hands, they became more profitable and the problems of the substance controlled by the underworld worsened the situation.

The first pain killer was alcohol and it remained the only option for many lifetimes. When morphine entered the country, it was a hit for medical therapies and was highly addictive. Soldiers of the North and South became so hooked on morphine during the Civil War, it was identified as “The Soldier’s Disease.”

In the magazines of the day, the ads could be found to offer the cure for Alcoholism, the cure for Morphine addiction, an ad for the miracle cure for morphine addiction (called “heroin”), sources for brewery equipment, needles, and mail order drug sales, often on the same page.

Cocaine was introduced in the South and on plantations in Latin American, to get slaves to work faster – and was accompanied with a series of drug laws that can only be described as racist.

Public outcry demanded that all drugs be banned, but the lobbies for two of the drugs were too strong to permit such legislation.

Those two drugs are still in use today: nicotine and caffeine.

By the 1930s, everything except nicotine and caffeine became underworld commodities, and moonshiners continued after prohibition when the taxes were felt to be unfair.

After World War II, a whole new galaxy of drugs began to appear, only to be banned one at a time in later legislation, either locally or federally. Tranquilizers, diet pills, recreational formulations, hallucinogens, and “designer drugs.” began and continue to rise.

12-Step programs make it clear that it is not the substance that creates the alcoholic or the addict.

“Therefore, the main problem of the alcoholic centers in his mind, rather than in his body...”

Page 22

Necessary Medications

In the beginning of Chapter Five, the Big Book refers to those with “There are those, too, who suffer from grave emotional and mental disorders, but many of them do recover if they have the capacity to be honest.”

In the progress of psychiatry, pharmacology, and various therapies, those with the grave emotional and mental disorders of Bill’s day can be elevated to the same starting point as any other alcoholic through judicious use of appropriate medications. For decades, individual members of AA have demonized anyone in such circumstances with the taunt, “if you’re taking pills, you aren’t really sober.”

Over the years, unknown numbers of alcoholics have listened to the reprimand, thrown away their pills, and were lost in

drunkenness or various forms of social and literal suicide.

Members in Recovery would never dream of performing dentistry if someone in a meeting came in with a toothache. They wouldn’t perform surgery on a whim, but they put themselves in the position of medical professionals with their pronouncements on other member’s medical and psychiatric condition. They do not tell the diabetic to throw away their insulin, or the asthmatic to forego the inhaler, but they tell those who come to us for sobriety to stop using medications that their doctors gave them.

Those members, who are not doctors, nurses, or other medical professionals, have *opinions*. Their pronouncements are from anecdote (“I heard about someone who...”), or ignorance, or simple jealousy (“I don’t get to use pills, so neither can you...”).

A member in the local fellowship picked up a 20-year-chip after almost 20-years trying to get one year of sobriety, told the gathering at his Home Group; “I listened to people who told me that if I didn’t stop using my meds, I wasn’t sober, and I wanted to be sober more than anything. So I threw away my meds and wound up psychotic, drunk, and in jail or a hospital – or both. Without my meds, I cannot get to the starting point of being honest.”

Everyone in AA has opinions, but it is unfair to risk another’s sobriety or life based on mere opinion.

A Very Short History of Mental Illness

Like alcoholism and drug addiction, there is nothing new about Mental Illness except for the name.

For centuries, people with the wide array of problems that now come under the umbrella

of “mental illness” were known under other names.

They were “mad,” “inverted,” “selfish,” or (most unfortunately) “demon possessed.”

Treatment consisted of exile, expulsion, imprisonment, “treatment” by what we would now call torture, or a legally sanctioned death.

Untreated and without hope, these people were shunned or isolated, at best.

Treatment models began to appear in the 19th Century and continue to evolve. Like the “belladonna” treatment for alcoholics, sufferers were subjected to an array of revolutionary treatments with limited success, if any at all. Water treatments, electric shock, “magnetic” treatment, lights, salves, aromas, symbols, diets, restraints, magnets, and concoctions passed into and out of favor.

The evolution of psychiatry as “the talking cure” seemed successful for the depressed, neurotic, or those driven into “crazy” behaviors as a response to events in their lives, but not until the latter part of the 20th Century did a pharmacological component enter the treatment.

Certain conditions, it appeared, were the result of actual chemical imbalances in the body of the afflicted. Lithium salts produce results in manic-depressives (now called bipolar), but other drugs were developed that produced varying effects of success in the patients identified as Mentally or Emotionally Ill.

While a good argument can be made that the professional community began prescribing to quiet the patient’s symptoms (and complaints) without effecting real change, others report that the judicious use of psychologically prescribed drugs could

elevate the psychotic to the point where they could enjoy the same substance or behavior free life as any other candidate for membership in AA.

If they had the desire to stop drinking (which assumes they had experienced a problem with alcohol) they could get sober and work the Steps as equals.

“The capacity to be honest,” which had been impossible to produce before, was appearing in men and women who would have previously been considered unreachable.

Again -

“Therefore, the main problem of the alcoholic centers in his mind, rather than in his body...”

Page 22

Guidelines for Prescriptions

Over the years, a few guidelines have evolved that may or may not be acceptable to people within Alcoholics Anonymous dealing with the prescriptions required by those in medical treatment for mental or emotional problems.

1. The patient does not choose the substance.
2. The patient does not choose the amount.
3. The prescription must be written by a doctor who has seen you and knows your case.
4. The patient describes to the patient his/her condition, sobriety needs, and expresses their concerns for prescriptions.
5. The patient always asks if he/she can take less than the prescribed amount. (Never more.)

6. Having expressed those concerns with the doctor, the patient takes the prescription as prescribed.
7. One Milligram (1 mg) over is using and the sobriety date must change.

Patients may want a second opinion on their treatment, which should be discussed with his/her Sponsor, before changing physicians. The Sponsor can be of no use if the person attempting to find lasting sobriety is not open and honest with that Sponsor.

Identification in Meetings

The Third Tradition makes the only qualification that the person attending has *“the desire to stop drinking.”*

That does not mean that one is a pure alcoholic, which almost seems to be a contradiction in terms.

In his story, Bill W. writes of the use of heavy sedatives, Dr. Bob was given a “goofball” on the morning of his first day of sobriety, and several authors whose stories have appeared in the back of the four editions have shared that drugs have also played a part in their stories, and their personal recoveries.

Dozens of other 12-Steps programs began to appear as we recognized the other substances and behaviors that could benefit from this program of vigorous action and spiritual awakening. Al-Anon became an official new program, closely followed by Narcotics Anonymous.

Other 12-Step programs, which may be needed in addition to AA, are listed at the end of this article.

The intent is that everyone, particularly in a “closed” meeting, share the alcoholic reality – that no newcomer leaves their first meeting hearing about the well-established or most recent trends in drug abuse and psychiatric

problems, and then tells themselves “I do not belong in Alcoholics Anonymous. I didn’t use drugs like that. I didn’t do those things.”

In the beginning, we are easily thrown off focus by outside issues, including drugs. The alcoholic, who is also a drug addict or addicted to some other substance or behavior, needs to respect the AA Newcomer with clarity. Their story may include drugs, but in meetings we are supposed to share our struggle in Recovery rather than reinforce our wretched past.

The Third Tradition does not require that a member identify themselves in any way; that identification is a local custom. In most areas, they identify themselves by name and some way of saying that they are alcoholic. In other areas, they simply say their name and omit any identification.

Since the end of World War II, when the Second Edition of our Big Book was prepared, the world had changed. Illegal drugs and the abuse of prescription drugs had flourished as never before in history. Designer drugs appeared to open new markets or escape existing laws. However, the intent remains the same, the compulsion remains the same, and (we hope) the dedication to the Twelve Steps and Recovery remains the same.

Bill Wilson wrote several times that the real goal of AA was emotional sobriety, the ability to deal with life on life’s terms without mind altering drugs. It was his intent, as he reportedly said several times, to allow the alcoholic to attain a level of maturity and responsibility to permit them to function in the world exactly as a non-alcoholic, healthy person. People would not need to consider their alcoholic past in their dealings. The recovering alcoholic was to be held to the same standard as a non-alcoholic – through the Steps they would be elevated to common

expectation of any healthy, functioning member of society.

The member who claims “sobriety” but still indulges in drugs, crime, abusive behavior or claims other people behavior is to be judged, but no one is to judge their own behavior, are unclear on what we mean of “sobriety.” As always, a dictionary definition is a good place to begin:

so·bri·e·ty [suh-brah-y-i-tee, soh-] –
noun

1. *the state or quality of being sober.*
2. *temperance or moderation, especially, (but not only) in the use of alcoholic beverages.*
3. *seriousness, gravity, or solemnity: an event marked by sobriety.*

If the problem “centers primarily in the alcoholics mind” and we have identified “the” result of these Steps to be a Spiritual Awakening, then the repair of the problem and following the result becomes our functioning definition of “sober.”

In each program, we celebrate the time free from the substance or behavior that got us into the door.

When attending a closed AA meeting, we respect *those* doors when asked to identify ourselves. We may be one or more of what qualifies us for those other programs, but within AA, we are a recovering “alcoholic.”